

## APPLICATION INFORMATION

Application number::  
Filing Date::  
Application Type:: Continuation-in-part  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CR disks::  
Number of copies of CDs::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: **MB-1 ANALOGS AND USES THEREOF**

Attorney Docket Number:: 15493-1US-1 PM/MG/al  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 23  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Marc  
Middle name::  
Family name:: Beauregard  
Name Suffix::  
City of Residence:: Cap-Santé  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 139, route 138  
  
City:: Cap-Santé  
State or Province:: Québec

Country:: Canada  
Postal or Zip Code:: G0A 1L0

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Mylène-Claude  
Middle name::  
Family name:: Gagnon  
Name Suffix::  
City of Residence:: Cap-Santé  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 139 route 138  
City:: Cap-Santé  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G0A 1L0

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Alain  
Middle name::  
Family name:: Doucet  
Name Suffix::  
City of Residence:: L'Ancienne-Lorette  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 1373 rue Notre-Dame, apt. 403  
City:: L'Ancienne-Lorette  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G2E 4P2

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Martin  
Middle name::  
Family name:: Williams  
Name Suffix::  
City of Residence:: Québec

State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street::  
City:: Québec  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code::

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 020988  
Phone number:: (514) 845-7126  
Fax:: (514) 288-8389  
E-Mail Address:: swabey@ogilvyrenault.com

### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation-in-part	10/272,929	10/18/2002
			MM/DD/YY
			MM/DD/YY
			MM/DD/YY

### **FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::
United States	60/329,759	10/18/2001

### **ASSIGNEE INFORMATION**

Assignee name:: AGROTERRA BIOTECH INC.  
Street:: 5175, rue Messier  
  
City:: Trois-Rivières  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G8Y 6X5